Revision:

HCFA-PM-91-4 (BPD)

AUGUST 1991

OMB No.: 0938-

State:

SOUTH DAKOTA

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation 42 CFR 435.10 and Subpart J 2.1 <u>Application, Determination of Eligibility and Furnishing Medicaid</u>

(a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

TN No. 91-18
Supersedes
TN No. 75-24
Approval Date 12 19 9

Effective Date 10-1-91

HCFA ID: 7982E

Revision: HCFA-PM-93-2 (MB)
MARCH 1993
State: South Dakota

2.1 (b) (1) Except as provided in items 2.1(b)(2) and
(3) below, individuals are entitled to
Medicaid services under the plan during the
three months preceding the month of
application, if they were, or on application
would have been, eligible. The effective
date of prospective and retroactive
eligibility is specified in ATTACHMENT

1902(e)(8) and 1905(a) of the Act

Citation 42 CFR

435.914

1902(a)(34)

of the Act

(2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

1902(a)(47) and 1920 of the Act

(3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act.

ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

42 CFR 434.20 (c) The Medicaid agency elects to enter into a risk contract with an HMO that is--

Qualified under title XIII of the Public Health Service Act or is provisionally qualified as an HMO pursuant to section 1903(m)(3) of the Social Security Act.

Not Federally qualified, but meets the requirements of 42 CFR 434.20(c) and is defined in ATTACHMENT 2.1-A.

X Not applicable.

TN No. 93-003
Supersedes Approval Date 4 26 93 Effective Date 1-1-93
TN No. 91-18

Revision: HCFA-PM-91-8 (MB)

October1991

OMB No.

State/Territory:

SOUTH DAKO.

Citation

1902(a)(55) of the Act

2.1(d)

The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in \$1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

TN No. 92-06
Supersedes Approval Date 5 19 95
TN No. 91-13

Effective Date 1-1-92

HCFA ID: 7985E